# Rhode Island Justice Commission

## 2001 Law Enforcement Survey
## State & Municipal Police Departments

| Department | |
|---|---|
| **Address** | |
| **Website** | |

## 1.  Personnel

a. Please identify the following contacts (full name, rank, direct telephone, fax and E-mail.)

| | Name | Rank | Phone | Fax | E-mail |
|---|---|---|---|---|---|
| Chief of Police | | | | | |
| 2$^{nd}$ in Command | | | | | |
| Patrol Commander | | | | | |
| MIS/Computer Expert | | | | | |
| Byrne/Grant(s) Administrator | | | | | |
| Juvenile Officer | | | | | |
| Community Police Officer | | | | | |
| Senior Citizen Advocate | | | | | |
| Domestic Violence Officer | | | | | |
| BCI Officer | | | | | |

| b.   How many officers in your department? | Sworn: | # | Civilian: | # |
|---|---|---|---|---|

## 2. Equipment/Technology

| | | | | | |
|---|---|---|---|---|---|
| a. How many vehicles in fleet? | Marked: | # | Unmarked: | | # |
| b. Average number of patrol vehicles on road at one time. | | # | | | |
| c. Identify your Records Management System. | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| d. If non-IMC, do you plan to switch to IMC? | Yes | | No | | Maybe | |
| e. If non-IMC, do you have plans to create a Justice Link Interface with current vendor? | Yes | | No | |
|    If so, when? | | | | |

| | Fair | Good | Very good | Excellent |
|---|---|---|---|---|
| f. Please rate your department's internal computer expertise? | | | | |

| | | | | |
|---|---|---|---|---|
| g. Due to retirements or promotions, will your department's level of computer expertise be changing in the near future? | Yes | | No | |
|    If so, when, why, and what impact? | | | | |
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| h. Are you aware that computer/RILETS technical assistance is available at no cost via the State Police? | Yes | | No | |

**NOTE: Contact or Brian Glancy at 444-1033.**

## 3. Computers

| | |
|---|---|
| a. How many computer workstations in your department? | # |
| b. How many full license RILETS terminals in your department? | # |
| c. How many Cyberlinx licenses are in your department? | |

## 4. Mobile Data Terminals

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|---|---|---|---|---|
| a. Does your department use Mobile Data Terminals (MDT's)? | Yes | | No | |
|   If yes, please answer the following questions: | | | | |
|     1. Have MDT's improved the operating efficiency of your agency? | Yes | | No | |
|       If yes, please provide the following (estimate if necessary): | | | | |
|         Percent increase in the number of inquiries? | | | | % |
|         Percent increase in arrests? | | | | % |
|         Percent decrease in average traffic stop time? | | | | % |
|         Percent increase of officer time on the road? | | | | % |
| b. Please add any anecdotal accounts of MDT's improving the operation of your department and/or improving public safety. (Attach additional paper if necessary.) | | | | |
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|---|---|---|---|---|---|
| c. How many MDT's are in use? | | | # | | |
| d. How many additional MDT's are required to insure complete fleet coverage? | | | | | |
| e. Do you plan to purchase additional MDT's? | | Yes | | No | |
|    If so, when? | | | | | |
| f. Do you have a wireless MDT RILETS hookup? | | Yes | | No | |
|    If yes, is it Radio Frequency (RF) or Cellular (CDPD)? | | RF | | CDPD | |
| g. If using cellular service, is your vendor Verizon or Cellular One? | | Verizon | | Cellular One | |
| | | | | | |
| h. Is your MDT RILETS vendor Cerulean or Datamaxx? | | Cerulean | | Datamaxx | |
| | | | | | |
| i. Does your department employ digital cameras for mug shots? | | Yes | | No | |
|    If no, is it planned? | Yes | | No | When? | |
| j. Does your department have a Livescan machine? | | Yes | | No | |
|    1. If not, are you interested in receiving a Livescan at no cost (subsequent $5,000 annual maintenance fee)? | | Yes | | No | |
|    2. If so, has the Livescan machine improved the operational effectiveness of your agency? | | Yes | | No | |
|    3. Please add any anecdotal accounts of MDT's improving the operation of your department and/or improving public safety. (Attach additional paper if necessary.) | | | | | |
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| k. Does your department have crime mapping capabilities? | | Yes | | No | |
|    If no, is it planned? | Yes | | No | When? | |

## 5. Policies & Procedures

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| a. Does your department have written policies and procedures addressing the detention of juvenile offenders and non-offenders? | Yes | | No | |
| b. Are you aware of the Traveler's Aid (Providence) Safeguard Compliance Program for temporary detention of status offenders? | Yes | | No | |
| c. Have you used the program? | Yes | | No | |
| d. Does your department have a Community Policing Program? | Yes | | No | |
|    If yes, briefly describe (attach additional paper if necessary): | | | | |
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| e. Does your department distribute Victims of Crime Hotline information to victims of crime? | Yes | | No | |
| f. Does your department need technical assistance or information regarding the administration of: | | | | |
|    1. Edward Byrne Memorial Drug Control & Systems Improvement Formula Grant Program (BYRNE) | Yes | | No | |
|    2. Local Law Enforcement Block Grant (LLEBG) | Yes | | No | |
|    3. R.I. Neighborhood Crime Prevention Act Grant Program | Yes | | No | |
|    4. Juvenile Justice & Delinquency Prevention Act (Title V) | Yes | | No | |
|    5. Other (list) | Yes | | No | |

| f. Please briefly describe any immediate, intermediate and long-term plans regarding acquisition of technology/equipment? (i.e. MDT's, Wireless RILETS Hookup, remote report writing, RMS, Digital Mugshots, Computer network upgrades, Livescan, Electronic booking, facial recognition, expanded internet capabilities, crime mapping, etc. [attach additional paper if necessary]) |
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| g. What other departmental program priorities exist that may be addressed with specific activities in the near future (i.e. crime prevention, community policing, DARE/violence prevention, substance abuse prevention, etc. [attach additional paper if necessary]) |
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| h. Would your department desire technical assistance in developing program activities regarding the above? | Yes | | No | |
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If so, please identify topic areas:

| i. Please list suggestions for in-service training via R.I. Municipal Training Academy. |
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| j. Please suggest a topic(s) that the RIJC might cover in upcoming trainings, seminars, workshops, or conferences. |
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# Thank You!